

**Office of Juvenile Justice
Community Based Services
No Self Harm Contract**

Date: _____

I, _____ hereby contract with _____
Youth *Therapist*

that I will take the following actions if I feel suicidal.

1. I will not attempt to harm, hurt or kill myself.
2. I will ask to speak to a staff member as soon as possible.
3. I will phone additional supports _____
family member(s)

at _____ with permission from staff.
phone number

4. I will further seek social supports from any of the following people:

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____

Youth's signature: _____ Date: _____

Therapist's signature: _____ Date: _____